

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 FEB 17 PH 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N05227 (6)**  
1. Corporation Name  
**CITIES IN SCHOOLS OF PALM BEACH COUNTY, INC.**

Principal Place of Business Mailing Address  
**114 NORTH J STREET 2ND FLOOR LAKE WORTH FL 33460-3354**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/19/1984</b>	3a. Date of Last Report <b>02/01/1994</b>
4. FEI Number <b>59-2516164</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Zip 25	Country 30

9. Name and Address of Current Registered Agent  
**SILBER, ILENE SOLOMON  
114 NORTH J ST.  
2ND FLOOR  
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.052 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Ilene Solomon Silber*

**1-26-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
CD	COMPIANI, FRANK 1555 P. B. LAKES BLVD., #1400 WEST PALM BEACH FL	TD COMPIANI, FRANK 1555 P.B. LAKES BVD #1400 WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<del>CD</del> C	DAVIS, JOHN MAX 1501 NORTHPOINT PKY, SUITE 105 WEST PALM BEACH FL	CD DAVIS, JOHN MAX 1501 NORTHPOINT PKY, SUITE 105 WEST PALM BEACH, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	SHEARIN, NORMAN W 1501 NW 15TH CT. BOCA RATON FL	SD SHEARIN, NORMAN W 1501 NW 15TH CT BOCA RATON, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ED	SILBER, ILENE SOLOMON 114 NORTH J ST. 2ND FLOOR LAKE WORTH FL	ED SILBER, ILENE SOLOMON 114 NORTH J STREET LAKE WORTH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CFOD	MARSH, GREGORY A. 500 NW 12TH AVE. DEERFIELD BEACH FL	VC PETERSON, WILLIAM P.O. BOX 24612 / FAIRFIELD DRIVE #2 WEST PALM BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if eliminated, or on an attachment with an address.

SIGNATURE: *Ilene Solomon Silber*  
ILENE SOLOMON SILBER

**407-582-0820**  
**1-26-95**